

**City of Scottsdale**  
**HUMAN SERVICES GENERAL FUNDS**  
**CITY FUNDED GRANTS FOR PUBLIC SERVICES**  
**ELIGIBLE ACTIVITIES & GENERAL INFORMATION**  
**FY 2009/20010**

**ELIGIBLE ACTIVITIES**

The City of Scottsdale is requesting proposals for the use of approximately \$188,000 in General Funds for activities in the following categories:

- ***Brokerage Services*** – services provided by non-profit agencies within City of Scottsdale Human Service facilities
- ***Domestic Violence Shelter Services*** – shelter services for domestic violence victims. Shelters may be situated in Scottsdale or may assist Scottsdale residents at alternate sites.
- ***Legal Services*** – access to legal counsel as well as evaluation and enforcement of rights.
- ***Regional Shelter Services*** – temporary housing for homeless persons within Maricopa County. Scottsdale does not have an emergency homeless shelter; therefore, the city contributes a proportional share towards the continuum of care for homelessness on a countywide basis.
- ***Senior Services*** – public services for Scottsdale residents 60 years of age or older. Some programs designated for the “elderly” or for “seniors” are available to participants who are younger than 60 years.

**PAYMENT OF FUNDS**

The Human Services General Funds grants are not reimbursement type grants. Funds will be allocated for payment based on the dollar amount of the contract.

For contracts less than \$25,000, payments will be made in two equal amounts. The first half of the grant will be issued upon receipt of an approved invoice dated 7/1/2007 or after, contract compliant insurance certificates, and final 2007/08 performance report. The second half of the grant will be issued after the receipt of 1) an approved invoice dated 1/1/2008 or after and 2) receipt of performance report for the period of July-Dec 2008.

For contracts \$25,000 or greater, payments will be made in three installments (50% July, 25% January and 25% April). Reporting is required on a quarterly basis. Invoices will be paid upon receipt of an approved invoice, compliant insurance certificate, and receipt of applicable performance reports.

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**ADDITIONAL GUIDANCE**

We cannot hope to provide answers to all questions, so for additional guidance please contact Cindy Ensign in the Human Services Administration Office at (480) 312-2646 for further clarification when requirements appear unclear.

**GENERAL PROPOSAL INPUT INSTRUCTIONS**

- ❖ The attached PROPOSAL SUBMISSION is a preformatted word document that has specific fields where you will enter your information.
- ❖ Several of the areas are more condensed than in prior years, so please choose your words carefully. The fields will expand as you type, but do have limitations placed upon them.
- ❖ Use your TAB KEY to easily navigate through the form or you can also use your mouse
- ❖ Spell checking is not available, so please either spell check in another document and then cut and paste or visually check for spelling errors.
- ❖ If you encounter problems while entering into the form, please contact Cindy Ensign, Human Services Planner, at (480) 312-2646.

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**Annual Income Guidelines**

Effective February 13, 2008 from the Department of Housing and Urban Development (HUD)

<b>HOUSEHOLD SIZE (Persons)</b>	<b><u>30%</u></b>	<b><u>50%</u></b>	<b><u>80%</u></b>
1	\$13,500	\$22,450	\$35,950
2	\$15,400	\$25,700	\$41,100
3	\$17,350	\$28,900	\$46,200
4	\$19,250	\$32,100	\$51,350
5	\$20,800	\$34,650	\$55,450
6	\$22,350	\$37,250	\$59,550
7	\$23,850	\$39,800	\$63,650
8	\$25,400	\$42,350	\$67,800

**Median Family Income \$64,200**

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**EXAMPLE      EXAMPLE      EXAMPLE      EXAMPLE      EXAMPLE**

**SCOPE OF WORK (Contract Exhibit A)**

**1. Agency Name:**

ABC Non-profit Agency

**2. Program Name:**

Emergency Homeless Shelter

**3. Total XXXXXX Funds Requested for this program:**

**\$20,000**

**4. Total of all funds needed to operate this program:**

**\$1,000,000**

**5. The requested funding will pay for the following specific unit of service(s).**

**Include the persons who will receive the service:** *(Pick a unit of service that coincides with the service to be performed such as bed nights for homeless shelters, meals for congregate or home delivered meals, hours for legal assistance, etc. and make sure the unit of service relates to the expenses listed on the Program Budget (Contract Exhibit B))*

- 4,000 bed nights will be provided to approximately 80 Scottsdale Residents
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**6. Define how you will determine client eligibility and how you will determine if you are serving Scottsdale Residents?** *If the service is provided to low or moderate income clients, explain how you will verify income.*

Each client's income is self-reported and documented at intake. Each client is asked the zip code of their most recent residence prior to coming to the shelter in order to document the city of origin.

**7. What is the timing of the program?** *(For services, what are the hours of*

Services are provided year-around, 24 hours a day, 7 days per week. Funding from this grant will help cover expenses from 7/1/2009 to 6/30/2010.